



Denise Juneau, Superintendent
Montana Office of Public Instruction
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Consent to Release Personal Information

I, _____, a student age 18 or older, consent to the release of personally identifiable information from my student record.

OR

I, _____, the parent or guardian of
_____, a student under the age of 18, consent to the release of personally identifiable information from the student record of my son/daughter.

Dependent on my identified goal, I understand that the student record includes my social security number, which may be released to the following:

- ☐ the Montana Department of Labor and Industry,
- ☐ a postsecondary institution identified by me, or
- ☐ the HiSET/Educational Testing Service (ETS)

I understand that the purpose of the release of my social security number is to assist the Montana Office of Public Instruction in obtaining and reporting information concerning the outcome of students as required by Section 212 of the Adult Education and Family Literacy Act.

I understand that the Montana Office of Public Instruction will share my personally identifiable information with the agency(ies) identified above, no other agency(ies) or individual(s) will have access to it, and the information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand that the report will contain information and statistics about the employment and further education or adult education students in Montana, and that no specific or personal information about me will appear in this report.

Signature of Student or Parent/Guardian

Date

12/2013